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# Managed Care in Nevada

Presented by:  
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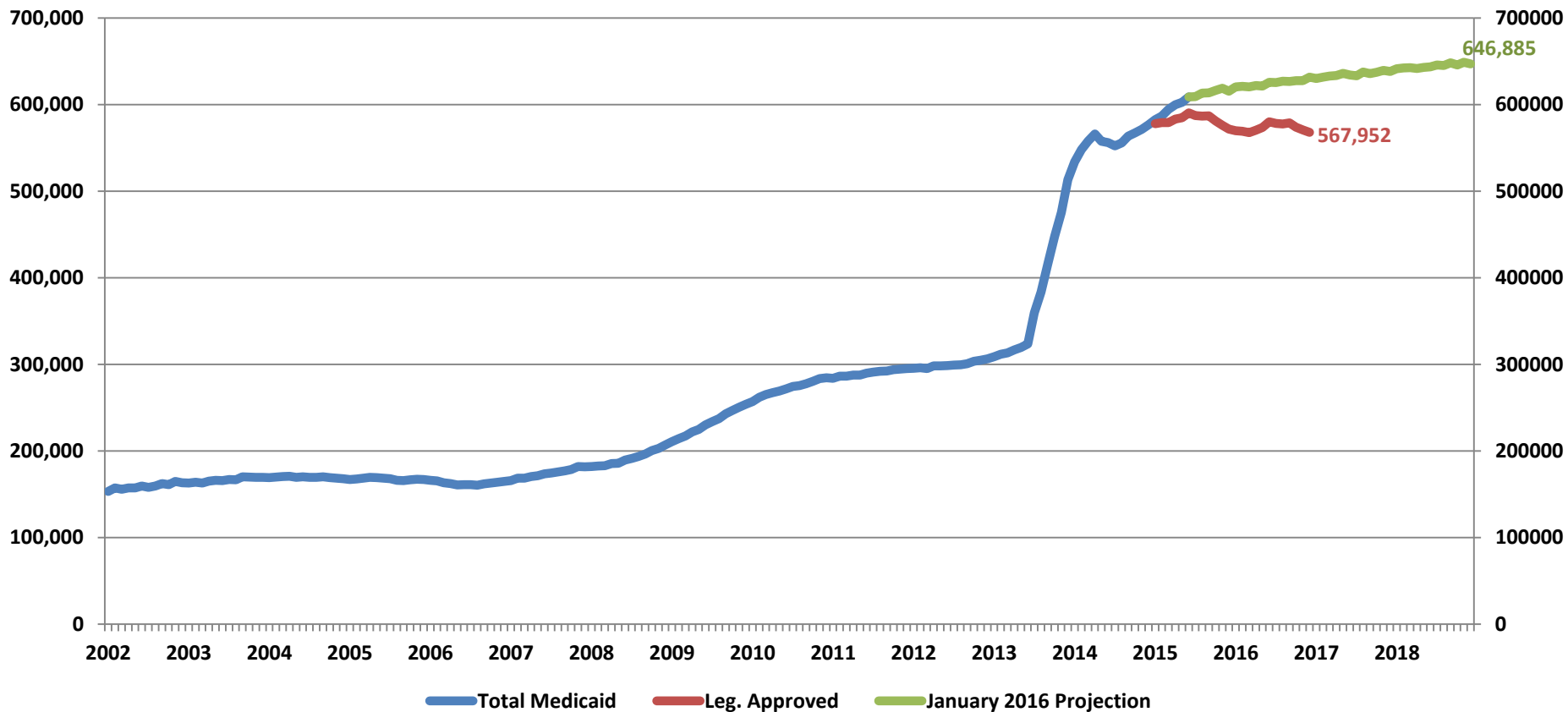
# Background

- Centers for Medicare and Medicaid Services(CMS) established the Triple Aim
  - Better care for individuals
  - Improved population health
  - Reduced costs by improving health outcomes
- Ensuring Medicaid program sustainability
- Passage of SB514



# Caseload

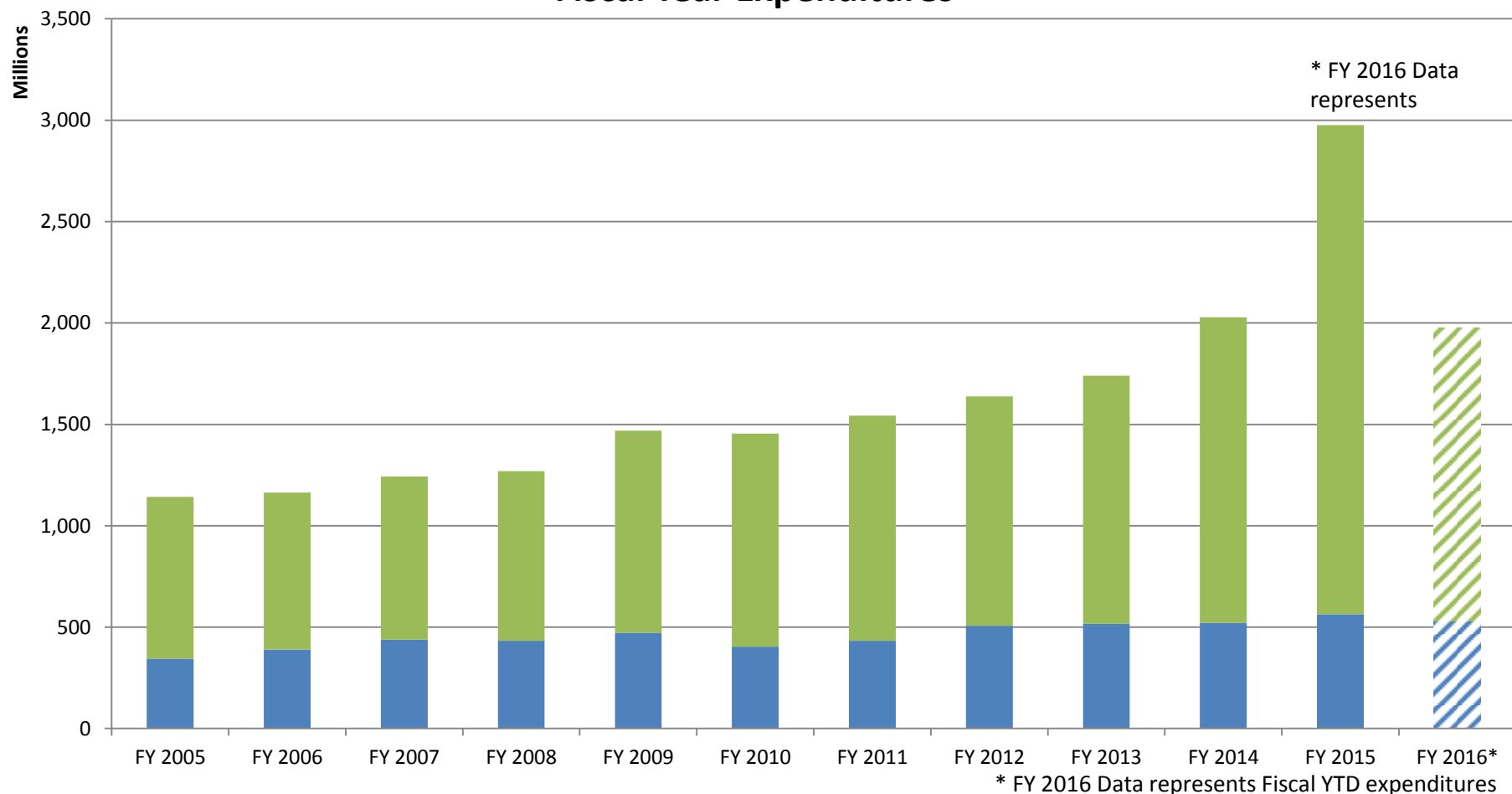
## Total Medicaid Recipients





# Costs

## Fiscal Year Expenditures





# Purpose Statement

The Department of Health and Human Services is evaluating alternative service delivery models aimed at achieving better care for patients, better health for our communities and lower costs through improved health outcomes.



# Medicaid in Nevada

- Nevada Medicaid provides services under two different delivery models:
  - Fee-For-Service
  - Managed Care



# What is Fee-for-Service?

- Individuals can receive services from any provider enrolled with Nevada Medicaid
- No referrals from a primary care physician are required to see a specialist
- Individuals must coordinate and manage their own care



# What is a Managed Care Organization?

- A health care organization that:
  - Helps people find a primary care physician
  - Helps people navigate the health care system
  - Maintains a network of health care providers





# Managed Care

- Managed Care Organizations:
  - Provide care coordination
  - Provide patient education
  - Provide preventative care
  - Connect individuals with specialty providers
  - Ensure the right service is provided at the right time



# What Does Medicaid Managed Care Look Like in Nevada Today?

- All Medicaid recipients who live in urban Washoe County (Reno) or Clark County (greater Las Vegas area) who are not determined disabled by the Social Security Administration are mandated
- Medicaid currently contracts with two Managed Care Organizations:
  - Health Plan of Nevada
  - Amerigroup



# What Services Are Currently In Managed Care?

- Managed Care covers most of the services that are in the Medicaid-approved State Plan (not all-inclusive):
  - Physician/Hospital Services
  - Pharmacy
  - Behavioral Health Services
  - Personal Care Services
  - Home Health
  - Therapy Services
- Managed Care Organizations have the flexibility to offer additional services based on need and the plan selected



# What is Not Currently Provided by Managed Care?

- Hospice
- Adult Day Health Care
- Non-Emergency Transportation
- Targeted Case Management
- Home and Community-Based Waiver Services
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Nursing Facility Stays more than 45 days
- Orthodontia
- Residential Treatment Center stays more than 30 days



# What is the Future of Managed Care?

- These are options that the State may consider:
  - Expanding Managed Care statewide
  - Including additional services that are not currently covered by managed care
  - Expanding the population served by managed care to include aged, blind, or disabled individuals
  - Increasing the number of Managed Care Plans to offer greater choice and flexibility of services



# Next Steps

- Continue Stakeholder Input
- Re-procure current managed care contract
- Hire a contractor to assist in evaluating the various options
  - Final recommendation to Legislature and Governor late 2016



# Feedback





# Thank you!

- Information can be found online at:  
[www.dhcfp.nv.gov](http://www.dhcfp.nv.gov)
- Email questions or comments to:  
[ManagedCareExpansion@dhcfp.nv.gov](mailto:ManagedCareExpansion@dhcfp.nv.gov)